NHS Direct, it says, has proved popular with the public and has a good safety record, and very few adverse incidents have occurred—only 29 reported cases in the three years to June 2001, equivalent to fewer than one in every 220 000 calls.

However, callers are currently waiting too long to speak to a nurse, with the service failing to meet its own target of 90% of callers getting through to a nurse in five minutes.

Lynn Eaton *London*

NHS Direct in England is available at the Public Accounts Committee's website, www.parliament.co.uk/commons/selcom/pachome.htm

Doctors in Scotland must change working patterns

Changes are needed in the way doctors work if the ever rising demand for health care is to be met, a review of future medical workforce requirements in Scotland has concluded.

It says that more doctors will be needed in Scotland, but they will have to work differently. The report says that more effective partnership working is needed in primary care, together with a redesign of hospital services—including a separation of "cold units," specialising in elective work, and "hot units," handling acute and emergency cases.

The report of the review, chaired by Professor John Temple, president of the Royal College of Surgeons of Edinburgh, says: "A solution that relies on securing yet more doctors to work much as they have done in the past looks increasingly untenable. Redesign of the delivery of services is in our view inevitable."

It makes 37 recommendations, including a number of practical measures designed to improve medical recruitment and retention. These include promoting medical careers to school students; special packages to attract doctors to rural areas; arrangements to accommodate the needs of doctors at the end of their careers to prevent them retiring early; and measures to make medicine a more attractive career option.

Bryan Christie

Future Practice: A Review of the Scottish Medical Workforce is available at www.scotland.gov.uk/publications

Nigeria concerned over exodus of doctors and nurses

Nigerian health authorities are concerned about the exodus of health staff to overseas countries. Better pay and medical facilities have been cited as the main reason for the flight of Nigerian doctors, nurses, and paramedical staff.

Only recently the Nigerian health minister, Professor Alphonsus Nwosu, promised to do something. "We shall definitely address the problem of doctors and nurses leaving in droves to take up jobs in Europe and North America," he said.

The favourite destinations of migrating Nigerian medical staff are Europe, North America, and the Middle East.

It has been observed that foreign embassies in Nigeria, particularly those of Britain, the United States, and Saudi Arabia, receive on a weekly basis 20 to 25 verification requests from Nigerian nurses wishing to migrate abroad. This translates into about 1196 applications a year.

Given the poor pay at home, this is hardly surprising. An average nurse in Britain earns £15 000 ($22 900; €23 400) a year, whereas the best paid nurses in Nigeria earn about 300 000 naira (£1700; $2500; €2600) a year, though most earn between 60 000 and 120 000 naira.

Nigeria is not the only African country losing its medical and nursing staff to developed countries. Virtually every African country is affected. South Africa lost 2114 nurses and midwives, Zimbabwe lost 473 nurses, Ghana lost 195 nurses, and Nigeria lost 432 nurses, all to Britain. (See p 66.)

Abiodun Raufu *Lagos*

Exponent of "male menopause" censured by GMC

Owen Dyer *London*

A London doctor who prescribed male hormones over the internet was last week censured by the General Medical Council for serious professional misconduct. Dr Malcolm Carruthers, aged 64, diagnosed male menopause in a 70 year old patient with Alzheimer's disease without ever seeing him or his records.

The wife of the patient, known as "Mr X," was on a "constant quest" for treatment for her husband, said Richard Tyson, counsel for the GMC. She contacted the website "e-medicine" in April 2000 looking for help with her husband's dementia.

Dr Carruthers' site contained a questionnaire with which patients could test themselves for possible male menopause (known also as andropause). If their score was 10 or more, the site recommended sending in a blood sample so that hormone levels could be tested. Dr Carruthers could also issue an "androscreen report" and recommend treatment. The minimum fee for the test and report was £210 ($324; €328).

After completing the questionnaire, Mrs X went to her general practitioner, Dr Peter Ewing, to ask for a blood sample to be taken from her husband. A month later she returned with Dr Carruthers' report, which diagnosed longstanding testicular failure and recommended weekly injections of 250 mg testosterone, although testosterone is not licensed for dementia.

Concerned that 250 mg was too much, but under pressure from Mrs X to prescribe testosterone, Dr Ewing agreed to a lower dose. The next week he received a letter from Mrs X saying that Dr Carruthers had emailed her saying that he disagreed with Dr Ewing's advice and asking to discuss the case over the telephone.

When Dr Ewing phoned, Dr Carruthers apologised for the email, which he had written late at night. He also said he was unaware that Mr X had severe dementia. Dr Ewing then visited the "e-medicine" website to test himself and was told he had "probable" testosterone deficiency. He complained to the GMC's professional conduct committee.

Roland Doven, chairman of the committee, said that the test "was constructed in such a way that it produced results that might lead to people with normal hormone levels being advised that they required a hormone profile."

The committee also found that Dr Carruthers had made an "unnecessary and unsustainable statement" about Dr Ewing's knowledge and skills when he criticised his treatment approach in an email to Mrs X. The recommendation for testosterone was "irresponsible," said Mr Doven.

Dr Carruthers has been barred from practising medicine through a website for 18 months and ordered to restrict his prescribing to licensed indications and dosages for the same period. He must also attend a teaching hospital or academic department of endocrinology for one year.

He told the *BMJ*: "I disagree completely with the decision, but I'm treating the whole thing as sub judice because I'm considering an appeal." □

LINDSEY PARNABY/REX FEATURES

Dr Malcolm Carruthers